



**SPECIAL EVENT APPLICATION - FOR LANDS AND ROADS WITHIN
THE MUNICIPALITY OF LEAMINGTON**

1. Please print all information
2. Submit completed application 30 days prior to event
3. Please outline parade route on map attached.

DATE OF APPLICATION: _____

NAME OF ORGANIZATION _____

CONTACT PERSON: _____ PHONE NUMBER: _____

ORGANIZATION INFORMATION: STREET ADDRESS: _____

(Please Print) CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF EVENT: _____ NO. OF PARTICIPANTS: _____

DATE & TIME OF EVENT: _____

LOCATION OF EVENT: _____

IT IS REQUESTED THAT THE MUNICIPALITY OF LEAMINGTON PROVIDE OUR ORGANIZATION WITH THE FOLLOWING:

- POLICE ESCORT ADDITIONAL GARBAGE FACILITIES SNOW FENCING/BARRICADES

I, _____, acting on behalf of _____
(name) (name of organization)

will be responsible for payment of all invoices submitted by the Municipality of Leamington for services rendered.

(Signature)

Personal information collected pursuant to the Municipal Act, R.S.O. 1990, c.M.45 to determine suitability for a special event. Questions about this collection should be directed to the Municipal Clerk, Municipality of Leamington, 38 Erie Street North, Leamington (519)326-5761

The information provided in this application will be available for public inspection.

NOTE:

1. Please return this application to the Leamington Municipal Building, 38 Erie Street North, Leamington for circulation to various municipal departments.
 2. If more than one municipality is involved, it is the Organization's responsibility to obtain approval from each Municipality.
 3. The sponsoring organization and its officials shall be responsible for providing adequate supervision during the event and necessary equipment including signs, flags, traffic cones, if necessary.
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OFFICE USE ONLY

POLICE DEPARTMENT: Escort Service _____

FIRE DEPARTMENT For Information _____

PUBLIC WORKS DEPARTMENT Snow Fencing/Barricades _____
Other _____
Additional Garbage Facilities _____

PLEASE RETURN TO OFFICE BY:

AUTHORIZED BY:

TOTAL FEES \$ _____ (if applicable)

TOTAL DEPOSIT \$ _____ (if applicable)

GRAND TOTAL REQUIRED \$ _____